

**Contract Utilization of Disadvantaged Business Enterprises (DBE)
 Environmental Improvement Fund**

Form 8700-257 (R 6/06)

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Notice: This form is authorized by ss. NR 162.14(4)(b)4 and NR 166.17(4)(b)3, Wis. Adm. Code. Receipt of this completed form by the Department is mandatory prior to receiving a final disbursement. Any changes or additions made to the original list of prime contractors and DBE subcontractors during construction of the project must be reflected on this form at closeout. Personal information collected on this form will be used for program administration and may be made available to requesters as required by Wisconsin Open Records Law (ss. 19.31 - 19.39, Wis. Stats.).

MANDATORY PROJECT CLOSEOUT DOCUMENT

Municipality Name	Project Number	Loan/Grant Amount
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Project Description

Construction / Equipment / Supplies Contracts	DBE Type	Type of Product or Service*	Actual Amount Paid to MBE/WBE/SBRA Firm
			Municipality Complete at Project Closeout
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
			Total MBE \$ _____
			Total WBE \$ _____
			Total SBRA \$ _____

Contract Utilization of Disadvantaged Business Enterprises (DBE) Environmental Improvement Fund

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Professional/Technical Services Contracts	DBE Type	Type of Product or Service*	Actual Amount Paid to MBE/WBE/SBRA Firm
			Municipality Complete at Project Closeout
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA		
			Total MBE \$ _____
			Total WBE \$ _____
			Total SBRA \$ _____

* Type of Product or Service examples: landscaping, trucking, supplies, equipment, paving, concrete, plumbing, electrical, excavating, testing, design, etc.

Name of Person Completing This Form	Email Address	Phone Number (including area code)
Certification		
I hereby certify that the above information and attachments are accurate and complete to the best of my knowledge.		
Name/Title of Municipal Official	Signature	Date Signed